## **DECLARATION and POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint

inventor (if plural na	mes are listed be	low) of th	ie subject matter	: which is claimed a	and for which a patent is sought on the
invention entitled <b>D</b> /	ATA BLOCK	DETEC	T BY FINGE	RPRINT, the spec	cification of which (check one)
X is attached here	reto.			•	,
			as Applicatic	on Serial No	
amended on					(if applicable).
				nts of the above-id	lentified specification, including the
claims, as amended b	by the amendmen	nt(s) referr	red to above.		
				terial to the patenta	ability of this application in accordance
with Title 37, Code o					
I hereby claim for	eign priority ben	nefits unde	er Title 35, Unite	ed States Code, . 1	19 of any foreign application(s) for
patent or inventor's c	certificate listed t	oelow and	l have also ident	ified below any for	reign application for patent or inventor's
certificate having a fi	iling date before	that of the	e application on	which priority is cl	laimed:
			R FOREIGN AF	PPLICATION (S)	
COUNTRY	APPLICATIO	ON '	DATE OF FI	LING	PRIORITY CLAIMED
	NUMBER	·	(DAY, MON		UNDER 35 U.S.C. 119
				1	
		'			1
I hereby claim the	e benefit under T	itle 35, U	nited States Cod	le 120 of any Uni	ited States application (s) listed below
and insofar as the su	biect matter of e	ach of the	claims of this a	ennlication is not dis	sclosed in the prior United States
application in the ma	nner provided by	w the first	paragraph of Tit	tla 25 United States	s Code, 112, I acknowledge the duty
to disclose material i	nformation as de	fined in T	itle 37. Code of	Federal Regulation	ns, 1.56(a) which occurred between
					date of this application:
mo mmb auto,				S APPLICATION(	1.1
APPLICATION S		FILING			ENTED, PENDING,
NUMBER	BIGLIE	I'IIII	DAIL	ABANDONED)	
110112				ADITIO C,	
			J	1	
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I hereby deciate u	nat all statements	made nei	rein of my own r	knowledge are true	and that all statements made on
information and bene	if are believed to	be true, a	and further that of	hese statements we	ere made with the knowledge that
Willful talse statement	its and the like so	) made air	a punishable by	fine or imprisonme	ent, or both, under Section 1001 of Title
		such with	ful taise stateme	ints may jeoparuize	e the validity of the application or any
patent issued thereon.		مرومة لا - ٠	· Thanky or	1 - d - C-Hanning	/ N 1/// NA
PUWER OF ALLO	KNEY: As a Hu	med live	ntor, I hereby ap	point the following	g attorney(s) and/or agent(s) to
prosecute this applica and registration numb	ition and transact	t all Dusin	less in the Patent	and Trademark Or	ffice connected therewith. (list name
and registration numb Michael E. Marion, R					
Michael E. Marion, R Jack E. Haken, Reg. 1					
Michael E. Schmitt, F					
VIICIIACI L. Goimme, I	(eg. 190, 50,521				
CONTRACTOR CONTRACTOR	CONTRACT TO			TO TOTAL TELE	
SEND CORRESPO					EPHONE CALLS TO:
Corporate Patent C		· Dising I	<b>~</b> 1,	Michael E. Be	
U.S. Philips Corpo Tarrytown, NY 10		ie Planis i	coaa;	(914) 333-964	3
I ally to will lake to	JJ71				

# 10/550852

# JC09 Rec'd PCT/PTO 22 SEP 2005

## 610845

Dated:	ber 4, 2002	Inventor's Signature:	cheh.
Full Name of Inventor	Last Name: Tichelaar	First Name : Johannes	Middle Name: Yzebrand
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands
Post Office Address	Street Mainelaan 79	City Eindhoven	State or Country The Netherlands  Zip Code 5627 VJ

Dated:	Inventor's Signature:				
Full Name of Inventor Residence &	Last Name: Kalker City Son	First Name: Antonius  State or Foreign Country The Netherlands	Middle Name: A.C.M.  Country of Citizens The Netherlands	hip	
Citizenship Post Office Address	Street Yssellaan 3	City Son	State or Country The Netherlands	Zip Code 5691 HA	

### **DECLARATION and POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DATA BLOCK DETECT BY FINGERPRINT**, the specification of which (check one)

X is attached hereto.		
was filed on	as Application Serial No.	and was
amended on		(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulation, 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

#### PRIOR FOREIGN APPLICATION (S)

COUNTRY	APPLICATION	DATE OF FILING	PRIORITY CLAIMED		
	NUMBER	(DAY, MONTH, YEAR)	UNDER 35 U.S.C. 119		

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application (s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

### PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Michael E. Marion, Reg. No. 32,266 Jack E. Haken, Reg. No. 26,902 Michael E. Schmitt, Reg. No. 36,921

SEND CORRESPONDENCE TO: Corporate Patent Counsel; U.S. Philips Corporation; 580 White Plains Road;	DIRECT TELEPHONE CALLS TO: Michael E. Belk (914) 333-9643
Tarrytown, NY 10591	

D:\3591DEC.doc 1 of 2

Dated:		Inventor's Signature:	Inventor's Signature:				
Full Name of Inventor	Last Name: Tichelaar	First Name : Johannes	Middle Name: Yzebrand	,			
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands				
Post Office Address	Street Mainelaan 79	City Eindhoven	State or Country The Netherlands	Zip Code 5627 VJ			

Dated:		Inventor's Signature:			
Gu Decombez, 2002		The			
Full Name	Last Name:	First Name:	Middle Name:		
of	Kalker	Antonius			
Inventor					
Residence	City	State or Foreign Country	Country of Citizenship		
&	Son	The Netherlands	The Netherlands		
Citizenship					
Post	Street	City	State or Country	Zip Code	
Office	Yssellaan 3	Son	The Netherlands	5691 HA	
Address					

## **STATEMENT UNDER 37 CFR 3.73(b)**

Applic	Applicant/Patent Owner: Koninklijke Philips Electronics N.C.								
Applic	cation No./Patent No	: Concurrently	Filed/Issue Date:	Concurrently					
Entitle	intitled: DATA BLOCK DETECT BY FINGERPRINT								
	nklijke Philips Elect s that it is:	ronics N.V., a corpor	ation .						
⊠ th	ne assignee of the	entire right, title and i	nterest,						
T	n assignee of less he extent (by perce pplication/patent id	than the entire right, tentage) of its ownershentified above,	title and interest. nip interest is% i	n the patent					
by vir	tue of:								
T	he assignment was	s recorded in the Unit	e patent application/pate ted States Patent and T copy thereof is attache	rademark Office at					
⊠ A th	chain of title from e e current assignee	the inventor(s), of the as shown below:	patent application/pate	ent identified above, to					
1.		as recorded in the Ur	nited States Patent and ch a copy thereof is atta						
2.		as recorded in the Ur	nited States Patent and ch a copy thereof is atta						
3.	From To: The document w Reel, Fran	as recorded in the Ur ne, or for whic	nited States Patent and ch a copy thereof is atta	Trademark Office at sched.					
	Additional docum	ents in the chain of ti	itle are listed on a suppl	lemental sheet.					
×	[Note: A separate original documer	e copy ( <i>i.e.,</i> the origin nt) must be submitted the assignment is to	ments in the chain of titled assignment docume I to Assignment Division be recorded in the reco	nt or a true copy of the n in accordance with					
The u	ındersigned (whose	e title is supplied belo	ow) is authorized to act	on behalf of the assignee.					
Date:	22-SEPT-	2005	By Adam L. Stroud, Title: Patent Atto	Reg. No. 48,410					

Tel: (408) 474-9064

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby 37 CFR 3		evious powers of attorney	given in the	applic	ation identified	In the attac	hed state	ment under
I hereby	appoint:							
Practitioners associated with the Customer Number: 24738								
or -	4Waaan'a\	ad balani di mam than tan natant	111					. 45.
L Prac	aucher(s) nam	ed below (if more than ten patent	practitioners at	e to be	named, then a cust	omer number	must be us	ed):
		Name	Registration Number		N	lame		Registration Number
				1. E				
				融				
any and all	patent applical	to represent the undersigned befitions assigned only to the undersicordance with 37 CFR 3.73(b).						
Please cha	nge the corres	pondence address for the applica	tion identified in	the att	ached statement ur	nder 37 CFR 3	3.73(b) to:	
						7		
Х	he address as:	sociated with Customer Number:	24	738				
OR			<u> </u>					
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Assignee N	lame and Addr	e <b>55</b> :						
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A conv o	f this form t	ogether with a statement un	der 37 CER	73/h)	/Form PTO/9B/	96 or equive	alont) le n	equired to be
filed in ea	ich applicati	on in which this form is use	d. The state	menti	inder 37 CFR 3.7	73(b) may b	e complet	ted by one of
		pinted in this form if the app application in which this Pe				act on beh	alf of the	assignee,
	y ale							
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature	nature Market Date 02 FEB 2005							2005
Name	Michae	1 E. Marion				Telephone (	914)	333-9637
Title	Author	ized Representa	tive					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.